## **Chain Saw Operator Authorization Form (non-fire)**

Operator's Name	Duty Station	
Course name	Course completion date	
Company or entity o	fering course	
Course location	(address)	
If the course described above is not the S-212 Wildland Manager signature, or attach correspondence that ind training. Alternative approval:	•	•
Regional Safety Manager printed name		
Regional Safety Manager Signature	Date	
Regional Safety Manager correspondence attached:	yes no	n/a
<b>Existing Service chain saw operator.</b> Does not have docudemonstrated chain saw proficiency. (Has 2 years from date saw training).  All chain saw operators must complete annual chain saw ref	of policy implementation to attend S-2	<del>-</del>
This sawyer is qualified as:		
Faller A Trainee (Apprentice trainee)	Faller A (Apprentic	e)
Faller B (Intermediate)	Faller C (Advanced	)
Position task book for Faller A, B or C completed by chain	saw evaluator & reviewed by Project L	.eader/Supervisor.
Chain Saw Operator Field Evaluation Form completed by	chain saw evaluator & reviewed by Pro	iject Leader/Supervisor.
Restrictions (if any)		
Project Leader / Supervisor printed name	Project Leader / Supervisor signa	 iture